

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:40

# Crosswalk Report

Status : FN                      Substance Abuse and Mental Health Services Administration  
Media ID : MT01                      Office of Applied Studie  
Start Date : 01-OCT-91  
End Date :  
Follow-up :

Montana's Treatment Episode Data Set -No Dates/#'s On Media Forms  
Version : 1

K = Key Field		System		<u>Montana</u>
Item		Item		
No.	Treatment Episode Data Set	Value	State System Data	
1	System Transaction Type	-	System Transaction Type Added to Each Record	
K 2	State Code	MT	FIPS Code Added to Each Record	
3	Reporting Date	-	Month and Year of Submission Added to Each Record	

# Crosswalk Report

OPSS\$PCUMMING

Page 3 of 13

Montana's Treatment Episode Data Set -No Dates/ #'s On Media Forms  
Version : 1

K = Key Field Item		Minimum	<u>Montana</u>	
No.	Treatment Episode Data Set	Item	Value	State System Data
<b>K 1</b>	<b>Provider Identifier</b>	<b>02</b>	<b>Program Number</b>	
<b>K 2</b>	<b>Client Identifier (Admission)</b>	<b>03</b>	<b>Client ID</b>	
<b>K 3</b>	<b>Co-Dependent/Collateral</b>	<b>07</b>	<b>Client Status</b>	
	1 Yes		-	-
<b>K 4</b>	<b>Client Transaction Type</b>	<b>07</b>	<b>Client Status</b>	
	A Initial Admission		1	Admission--Alcohol/Drug
	T Transfer/Change in Service		2	Transfer in Service--Alcohol/Drug
<b>K 5</b>	<b>Date of Admission</b>	<b>04</b>	<b>Admission Date</b>	
<b>6</b>	<b>Number of Prior Treatment Episodes</b>	<b>23</b>	<b>Number of Prior Treatment Episodes</b>	
	0 0		0	0
	1 1		1	1
	2 2		2	2
	3 3		3	3
	4 4		4	4
	5 Or More		5	5 or greater
	7 Unknown		97	Unknown

Montana's Treatment Episode Data Set -No Dates/ #'s On Media Forms  
Version : 1

K = Key Field

Minimum

Montana

Item

Item

No.

Treatment Episode Data Set

Value

State System Data

7	Principal Source of Referral	08	Source of Referral
01	Individual (includes self-referral))	01	Self
03	Other Health Care Provider	02	Hospital
03	Other Health Care Provider	03	Mental Health
03	Other Health Care Provider	04	Private Practioner
03	Other Health Care Provider	05	Public Health
07	Court/Criminal Justice/DUI/DWI	06	Own Program
07	Court/Criminal Justice/DUI/DWI	07	ACT Program
06	Other Community Referral	08	AA, NA, AL-ANON, Etc.
07	Court/Criminal Justice/DUI/DWI	09	Other CD Program
06	Other Community Referral	10	Social Service or Project Work
07	Court/Criminal Justice/DUI/DWI	11	Courts
07	Court/Criminal Justice/DUI/DWI	12	Police
07	Court/Criminal Justice/DUI/DWI	13	Prerelease, Parole and Probation
07	Court/Criminal Justice/DUI/DWI	15	Attorney, Legal Aid
03	Other Health Care Provider	16	Indian Health Service
07	Court/Criminal Justice/DUI/DWI	17	Tribal Court
07	Court/Criminal Justice/DUI/DWI	18	Dept. of Family Services
05	Employer/EAP	19	Employer
06	Other Community Referral	20	Church
04	School (Educational)	21	School
01	Individual (includes self-referral))	22	Family
01	Individual (includes self-referral))	23	Friends
06	Other Community Referral	24	Media
03	Other Health Care Provider	25	Change in Service
03	Other Health Care Provider	26	Other Treatment Program
97	Unknown	27	-
02	Alcohol/Drug Abuse Provider	51-98	Other Montana Alcohol and Drug Treatment Programs
03	Other Health Care Provider	99	Out-of-State Treatment Program

8 Date of Birth

11 Birth Date

# Crosswalk Report

OPSS\$PCUMMING

Page 5 of 13

Montana's Treatment Episode Data Set -No Dates/ #'s On Media Forms  
Version : 1

K = Key Field

Minimum

Montana

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>9</b>	<b>Sex</b>	<b>12</b>	<b>Sex</b>	
1	Male	1	Male	
2	Female	2	Female	
<b>10</b>	<b>Race</b>	<b>13</b>	<b>Race/Ethnicity</b>	
05	White	1	White	
04	Black or African American	2	Black	
02	American Indian ( Other than Alaskan Native)	3	American Indian	
01	Alaska Native (Aleut, Eskimo, Indian)	4	Alaskan Native	
03	Asian or Pacific Islander	5	Asian/Pacific Islander	
20	Other	6	Hispanic: Mexican	
20	Other	7	Hispanic: Puerto Rican	
20	Other	8	Hispanic: Cuban	
20	Other	9	Other Hispanic	
13	Asian			
23	Native Hawaiians or Other Pacific Islanders			
<b>11</b>	<b>Ethnicity</b>	<b>13</b>	<b>Race/Ethnicity</b>	
05	Not of Hispanic Origin	1	White	
05	Not of Hispanic Origin	2	Black	
05	Not of Hispanic Origin	3	American Indian	
05	Not of Hispanic Origin	4	Alaskan Native	
05	Not of Hispanic Origin	5	Asian/Pacific Islander	
02	Mexican	6	Hispanic: Mexican	
01	Puerto Rican	7	Hispanic: Puerto Rican	
03	Cuban	8	Hispanic: Cuban	
04	Other Specific Hispanic	9	Other Hispanic	
<b>12</b>	<b>Education</b>	<b>18</b>	<b>Years of Education Completed</b>	

# Crosswalk Report

OPSS\$PCUMMING

Page 6 of 13

Montana's Treatment Episode Data Set -No Dates/ #'s On Media Forms  
Version : 1

K = Key Field

Minimum

Montana

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
<b>13</b>	<b>Employment Status</b>	<b>16</b>	<b>Employment Status</b>
01	Full Time	1	Employed Full Time
02	Part Time	2	Employed Part Time
03	Unemployed	3	Unemployed
04	Not in Labor Force	4	Not in Labor Force
97	Unknown	97	Unknown
<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)</b>	<b>24</b>	<b>Drug Types, Primary, Secondary, Tertiary</b>
01	None	00	-
02	Alcohol	01	Alcohol
03	Cocaine, Crack	02	Cocaine/Crack
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	03	Marijuana/Hashish
05	Heroin	04	Heroin
06	Non-Prescription Methadone	05	Non-Rx Methadone
07	Other Opiates and Synthetics	06	Other Opiates & Synthetics
08	PCP	07	PCP
09	Other Hallucinogens	08	Other Hallucinogens
10	Methamphetamine	09	Methamphetamines
11	Other Amphetamines	10	Other Amphetamines
12	Other Stimulants	11	Other Stimulants
13	Benzodiazepine	12	Benzodiazepines
14	Other Tranquilizers	13	Other Tranquilizers
15	Barbiturates	14	Barbiturates
16	Other Sedatives or Hypnotics	15	Other Sedatives or Hypnotic
17	Inhalants	16	Inhalants
18	Over-the-Counter	17	Over the counter
20	Other	18	Other

# Crosswalk Report

OPSS\$PCUMMING

Page 7 of 13

Montana's Treatment Episode Data Set -No Dates/ #'s On Media Forms

Version : 1

K = Key Field

Minimum

Montana

Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
<b>15</b>	<b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiari-15C)</b>	<b>27</b>	<b>Usual Route of Administration</b>
97	Unknown	00	-
01	Oral	01	Oral
02	Smoking	02	Smoking
03	Inhalation	03	Inhalation
04	Injection (IV or intramuscular)	04	Injection
20	Other	20	Other
<b>16</b>	<b>Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)</b>	<b>25</b>	<b>Frequency of Use During Month Prior to Admission</b>
97	Unknown	00	-
01	No past month use	01	No past month use
02	1-3 times in past month	02	1-3 times in past month
03	1-2 times per week	03	1-2 times per week
04	3-6 times per week	04	3-6 times per week
05	Daily	05	Daily
<b>17</b>	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	<b>26</b>	<b>Age First Use</b>
00	Indicates a Newborn with a substance dependency problem	01	-
00-95	Indicates The Age at First Use	01-96	Age of First Use
97	Unknown	97	Unknown

# Crosswalk Report

OPSS\$PCUMMING

Page 8 of 13

Montana's Treatment Episode Data Set -No Dates/#'s On Media Forms  
Version : 1

K = Key Field  
Item

**Minimum**

Montana

No.	Treatment Episode Data Set	Item	Value	State System Data
-----	----------------------------	------	-------	-------------------

<b>K 18</b>	<b>Type of Services</b>	<b>05</b>	<b>Type of Care</b>	
08	Ambulatory Detoxification	01	Detoxification	
01	Hospital Inpatient ( Detox, 24 hour Service)	02	Inpatient Hospital	
02	Free-standing Residential ( Detox, 24 hour Service)	03	Inpatient Free-Standing	
05	Long-term, ( more than 30 days)	04	Intermediate (Transitional Living)	
07	Non-Intensive Outpatient	05	Day Treatment	
06	Intensive Outpatient	06	Intensive Outpatient	
07	Non-Intensive Outpatient	07	Outpatient	

<b>19</b>	<b>Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual</b>	<b>-</b>	<b>Not Collected</b>	
-----------	---	----------	----------------------	--



# Crosswalk Report

OPSS\$PCUMMING

Page 9 of 13

Montana's Treatment Episode Data Set -No Dates/#'s On Media Forms  
Version : 1

K = Key Field

Optional

Montana

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>Detail Drug Code, Primary</b>	-	<b>Not Collected</b>	
<b>2</b>	<b>Detail Drug Code, Secondary</b>	-	<b>Not Collected</b>	
<b>3</b>	<b>Detail Drug Code, Tertiary</b>	-	<b>Not Collected</b>	
<b>4</b>	<b>DSM Diagnosis</b>	-	<b>Not Collected</b>	
<b>5</b>	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	-	<b>Not Collected</b>	
<b>6</b>	<b>Pregnant at Time of Admission</b>	<b>21</b>	<b>Pregnant</b>	
	1 Yes		1 Yes	
	2 No		2 No	
<b>7</b>	<b>Veteran Status</b>	-	<b>Not Collected</b>	
<b>8</b>	<b>Living Arrangements</b>	<b>20</b>	<b>Homeless</b>	
	01 Homeless		1 Yes	
	98 Not Collected		2 No	
<b>9</b>	<b>Source of Income/Support</b>	-	<b>Not Collected</b>	

# Crosswalk Report

OPSS\$PCUMMING

Page 10 of 13

Montana's Treatment Episode Data Set -No Dates/ #'s On Media Forms  
Version : 1

K = Key Field

Optional

Montana

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>10</b>	<b>Health Insurance</b>	<b>19</b>	<b>Health Insurance</b>	
02	Blue Cross/Blue Shield	1	Blue Cross/Blue Shield	
01	Private Insurance (other than BCBS or HMO)	2	Other Private Insurance, includes CHAMPUS	
03	Medicare	3	Medicare	
04	Medicaid	4	Medicaid	
20	Other (e.g. TriCare, Champus)	5	IHS (Indian Health Service)	
21	None	6	None	
<b>11</b>	<b>Expected/Actual Primary Source of Payment</b>	-	<b>Not Collected</b>	
<b>12</b>	<b>Detailed Not in Labor Force</b>	-	<b>Not Collected</b>	
<b>13</b>	<b>Detailed Criminal Justice Referral Categories</b>	-	<b>Not Collected</b>	
<b>14</b>	<b>Marital Status</b>	-	<b>Not Collected</b>	
<b>15</b>	<b>Days Waiting to Enter Treatment</b>	<b>22</b>	<b>Days Waiting to Enter Treatment</b>	

# Crosswalk Report

OPSS\$PCUMMING

Page 11 of 13

Montana's Treatment Episode Data Set -No Dates/ #'s On Media Forms  
Version : 1

K = Key Field Item		Discharge		<u>Montana</u>
No.	Treatment Episode Data Set	Item	Value	State System Data
<b>104</b>	<b>Provider ID (At Discharge)</b>	<b>1</b>	<b>Program Number at Discharge</b>	
<b>105</b>	<b>Client Identifier - (At Discharge)</b>	<b>2</b>	<b>Client ID at Discharge</b>	
<b>106</b>	<b>Co-Dependent/Collateral At Discharge</b>	<b>-</b>	<b>Not Collected</b>	
<b>109</b>	<b>Service at Discharge</b>	<b>4</b>	<b>Type of Care at Discharge</b>	
	08 Detoxification		01	Detox
	01 Hospital Inpatient		02	Inpatient Hospital
	02 Free-Standing Residential		03	Inpatient Freestanding
	05 Long-Term, >30 days		04	Intermediate "Transitional Living"
	06 Intensive Outpatient		05	Day Treatment
	06 Intensive Outpatient		06	Intensive Outpatient
	07 Outpatient		07	Outpatient
	97 Unknown		97	Unknown
<b>146</b>	<b>Date of Last Contact</b>	<b>7</b>	<b>Discharge Date</b>	
<b>147</b>	<b>Date of Discharge</b>	<b>7</b>	<b>Discharge Date</b>	

# Crosswalk Report

OPSS\$PCUMMING

Page 12 of 13

Montana's Treatment Episode Data Set -No Dates/#'s On Media Forms  
Version : 1

K = Key Field  
Item

**Discharge**

Montana

No.	Treatment Episode Data Set	Item	Value	State System Data
-----	----------------------------	------	-------	-------------------

**149 Reason for Discharge , Transfer or Discontinuance of Treatment**

**10 Reason for Discharge**

01	Treatment Complete	1	Treatment Plan Completed
02	Left Against Professional Advice (Drop Out)	2	Client Left Voluntarily Before Treatment Plan Completed
08	Unknown	3	Client is Inaccessibale( moved, died, in prison,etc)
04	Transferred to Another Substance Abuse Treatment Program or Facility	4	Client Transferred to Another Care Modality
03	Terminated by Facility	5	Client Left at Request of Staff
04	Transferred to Another Substance Abuse Treatment Program or Facility	6	Client Referred to Another Program

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report